



TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of )

MARK SHAW )

Serial No.: 10/667,791 )

Filed: September 22, 2003 )

For: ANTIDECUBITUS )  
HEEL PAD )

Customer No. 00002636 )

Group Art Unit 3673

Tuyet Phuong Pham Luu, Examiner

Confirmation No. 9561

Certificate of Mailing  
I hereby certify that this correspondence was deposited  
with the United States Postal Service as first class mail,  
in an envelope addressed to:  
Mail Stop Amendment,  
Commissioner for Patents,  
P.O. Box 1450,  
Alexandria, VA 22313-1450 on this November 16,  
2004.

  
Sherry L. Leonard

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Sir:

In response to the Office Action mailed August 24, 2004, the Applicant, through his attorney, responds as follows.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

11/30/2004 EKEY11 00000001 180987 10667791

01 FC:2201 44.00 DA  
02 FC:2202 36.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10667791

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	29	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	29 minus 20 =	9
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	33	Minus	** 29 = 4
	Independent	*	4	Minus	*** 3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	81
X42=	
+140=	
TOTAL	456

OR

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	36.00
X42=	44.00
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	